

**Government of Rajasthan
Department of Medical Education (Gr.-1)**

APPLICATION FORM

(Application form for grant of a No Objection-cum-Essentiality Certificate to establish a new Medical/ Dental College in the State addressed to Secretary, Medical Education)

1. Name of applicant Society/Trust/Company :
(With full postal address & Tel/ Fax No. / E-mail)
2. Name of the applicant and his designation :
In Society/ Trust/ Company
3. Registration Number and Major Areas of :
Activities (enclose copy of registration)
4. Name of Proposed Medical/ Dental Colleges :
And Place where proposed.
5. Proposed annual intake of students :
6. Medical experts on the Management Board of :
Proposed College (give details)\
7. Availability of Land/ Building with society (give details) :
8. Objectives of Society/ Trust/Company with :
Reference to medical education (enclose Certified copy
of bye-laws memoranda and Articles of Association/
Trust deed/ Company/corporation)
9. Whether personnel from Administration/Finance/ :
Medical field are on Board (give details)
10. Financial Strength of Society :
Capital Assets
Income
11. Whether owns a hospital, if yes specify :
Location:
Bed compliment
Extension
(Enclosed certified copy of the title deed)
12. Details of project financing :
Total project cost
Funding sources
13. Whether agrees to give an under taking to follow-
 - a) MCI/DCI/GOI/ Supreme Court's
Guidelines & directions
 - b) Time frame for establishment of College
And Hospital

- c) Selection/Admission criteria as laid Down by State, and
- d) Have sufficient funds for development And bank guarantees, if yes, enclose

Undertaking on a non judicial stamp of Rs. 10
Duly attested by a first class Magistrate

14. Any other information:

SIGNATURE OF APPLICANT
WITH OFFICIAL SEAL

List of Enclosures to be appended with the application form:-

1. Certified Copy of papers/ title deed for ownership/ 99 years lease of available piece of land (20 acres for Medical College, 5 acres for Dental Colleges and 2 acre (rural) 0.75 acre (Urban) for Pharmacy College. (Proof of ownership)
2. Certified copy of the zoning plans of available sites indication their land use.
3. Certified copy of bye-laws/ memoranda and Articles of Association/ Trust/ deed/ company incorporation./ aims and objectives for Medical Education.
4. Project Report and Road map for development with forecast estimates.
5. Annual reports and audited balance sheets for the last 3 years.
6. Proof of ownership of existing Hospital at the time of inspection (for Medical/ Dental Colleges/ Hospital attachment in Case of Dental College/ Not required in Pharmacy College).
7. Authorization letters addressed to bankers of applicant society authorizing in State Government to make independent inquiries regarding financial track record of the Applicant Society/ Trust/ Company.
8. Name of Authorized signatory/s
9. Undertaking on a non judicial stamp of Rs. 10 Duly attested by a first class Magistrate to follow MCI/ DCI/ AICTE/PCI guidelines/ Time frame for establishment of College and Hospital/ Selection/ Admission criteria as laid Down by State, and Have sufficient funds for development And bank guarantees, if yes, enclose.